

City of Round Rock – Demand Response Bus Service Verification of Disability Form

This form must be filled out by a Qualified Medical Professional.

Disability Type

- ☐ Permanent ☐ Temporary, effective dates _____ to _____
- ☐ Semi-ambulatory ☐ Non-ambulatory
- ☐ Hearing ☐ Visual ☐ Developmental
- ☐ Other _____

Are recurring appointments required? ☐ Yes ☐ No

Is a personal care attendant (PCA) required? ☐ Yes ☐ No

Is a service animal required? ☐ Yes ☐ No

Additional Information _____

I verify the information above is true and correct to the best of my knowledge and the applicant has or is regarded as having a disability, which substantially limits one or more major life activities. Examples of major life activities include caring for himself/herself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and/or working (ADA definition).

I understand the applicant is eligible for discounted fares based on my professional verification of the applicant's disability.

Authorized by (signature) _____

Date _____

Printed Name _____

Clinic/Agency/Office Name _____

Phone # _____